

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO. 10/690,639 FILING DATE  
APPLICANT(S)

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30	1		1			
31		1		1		
32		1		1		
33		1		1		
34	1		1			
35	1	1		5		
36	1	1	1	5		
37		5		5		
38		5		5		
39		5		5		
40		5		5		
41		5		5		
42		5		5		
43		5		5		
44				1		
45				1		
46			1			
47				1		
48				1		
49				1		
50				1		
TOTAL IND.	4					
TOTAL DEP.	67					
TOTAL	71					

	IND	DEP	IND	DEP	IND	DEP
51				1		
52				1		
53				2		
54				2		
55				1		
56				1		
57				2		
58				2		
59				2		
60				2		
61				1		
62				1		
63				1		
64				1		
65				1		
66				1		
67			1			
68				1		
69				1		
70				1		
71				1		
72				1		
73				1		
74				1		
75				1		
76				1		
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.				5		
TOTAL DEP.				80		
TOTAL				85		